

PETITION FOR DECLARATION OF EMANCIPATION OF MINOR

THE LAW DOES NOT ALLOW PERSONNEL OF THE OFFICE OF THE CLERK OF THE SUPERIOR COURT TO ASSIST IN THE SELECTION OR PREPARATION OF ANY FORMS OR TO ADVISE YOU AS TO ANY PROCEDURE TO BE FOLLOWED IN OBTAINING A JUDGMENT

Attached are the forms usually necessary for a petition for declaration of emancipation of minor.

Form #	Title	Number of Copies
MC-300	Petition for Declaration of Emancipation of Minor	1
MC-306	Emancipation of Minor Income and Expense Declaration	1
MC-305	Notice of Hearing – Emancipation of Minor	1
MC-310	Declaration of Emancipation of Minor After Hearing	1
MC-315	Emancipated Minor's Application to California Department of Motor Vehicles	1
MC-030	Declaration	1
MC-031	Attached Declaration	1

ALL FORMS MUST BE TYPED OR LEGIBLY PRINTED IN BLACK INK AND SIGNED.

Complete all forms in their entirety, i.e., all boxes checked as applicable; attachments attached, if applicable; and "NONE", "NOT APPLICABLE", or "UNKNOWN" typed in if required.

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): 	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (<i>Name</i>): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
IN THE MATTER OF (<i>NAME</i>): <div style="text-align: right;">Petitioner, a minor</div>		
PETITION FOR DECLARATION OF EMANCIPATION OF MINOR <input type="checkbox"/> ORDER PRESCRIBING NOTICE <input type="checkbox"/> DECLARATION OF EMANCIPATION <input type="checkbox"/> ORDER DENYING PETITION		CASE NUMBER:

1. My name:
My address:
I am a resident of or temporarily domiciled in this county.
2. I request that the court declare me to be emancipated.
3.
 - a. I am at least 14 years of age and my date of birth is:
 - b. I am willingly living separate and apart from my parents or legal guardian, with the consent of my parents or legal guardian. I have been living apart from them since (*date*):
 - c. I am managing my own financial affairs. I have completed and attached my declaration of income and expenses as required in section 1285.50e of the California Rules of Court.
 - d. No part of my income comes from any activity that is a crime under the laws of the State of California or of the United States.
4. My mother's name is:
Her address is:
☐ Her consent to my emancipation is attached.
☐ Notice to her should not be required because (*state reasons*):
5. My father's name is:
His address is:
☐ His consent to my emancipation is attached.
☐ Notice to him should not be required because (*state reasons*):
6. ☐ I have a legal guardian.
My guardian's name is:
My guardian's address is:
☐ My guardian's consent to my emancipation is attached.
☐ Notice to my guardian should not be required because (*state reasons*):
7. ☐ Other person entitled to notice.
This person's name is:
This person's address is:
☐ This person's consent to my emancipation is attached.
☐ Notice to this person should not be required because (*state reasons*):
8. ☐ I am a ☐ dependent child ☐ [probation] ward of the Juvenile Court of _____ County.
Case number (if known):
My ☐ social worker ☐ probation officer is (*name*):
His/her consent is attached.

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed at
(*place*): _____, California,

on (*date*): _____

(Continued on reverse)

(SIGNATURE OF PETITIONER)

NAME OF MINOR:

CASE NUMBER:

ORDER PRESCRIBING NOTICE

9. The court finds that

- a. ☐ All persons entitled to notice of this proceeding have consented to the emancipation and waived notice of hearing.
- b. ☐ The addresses of the following are unknown.
- (1) ☐ Father
- (2) ☐ Mother
- (3) ☐ Legal guardian
- c. ☐ Notice to the following persons cannot or should not be given:
- d. ☐ Other (*specify*):

10. **IT IS ORDERED that notice of this proceeding**

- a. ☐ is not required. The declaration of emancipation may proceed without hearing.
- b. ☐ is required to the following persons:
- (1) ☐ Father
- (2) ☐ Mother
- (3) ☐ Legal guardian
- (4) ☐ Juvenile Court of _____ County
for service on social worker or probation officer
- (5) ☐ District attorney
- c. ☐ This matter is set for hearing on (*date*): _____ at (*time*): _____ in (*dept.*): _____

Date: _____

(JUDGE OF THE SUPERIOR COURT)

DECLARATION OF EMANCIPATION WITHOUT HEARING

(Only if the court has ordered item 10a above.)

The court finds that the petitioner is a person described by Family Code section 7120. All notice requirements have been met or waived by the court. Emancipation is not contrary to the best interests of the child.

THE PETITION IS GRANTED. THE PETITIONER IS DECLARED TO BE EMANCIPATED FOR PURPOSES SET FORTH IN FAMILY CODE SECTION 7050 ET SEQ.

Date: _____

(JUDGE OF THE SUPERIOR COURT)

ORDER DENYING PETITION

The court finds that the petition on its face fails to establish that the petitioner is a person described by Family Code section 7120.

THE PETITION IS DENIED.

Date: _____

(JUDGE OF THE SUPERIOR COURT)

[SEAL]

CLERK'S CERTIFICATE

(Of Declaration of Emancipation)

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: _____

Clerk, by _____, Deputy

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name and Address)</i> : ATTORNEY FOR <i>(Name)</i> : SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	TELEPHONE NO.:	FOR COURT USE ONLY
IN THE MATTER OF <i>(NAME)</i> : <div style="text-align: right;">Petitioner, a minor</div>		
EMANCIPATION OF MINOR INCOME AND EXPENSE DECLARATION		CASE NUMBER:

1. My name and address are:

My telephone number is:

I have been living at this address since:

I live there with *(name and relationship of all persons, including children)*:

2. My date of birth is:

3. a. ☐ I am attending school *(name of school and grade)*:

b. ☐ I am not attending school. The highest year of education I have completed is:

4. My occupation is:

5. a. ☐ I am employed. My place of employment is *(name and address)*:

I started work there on *(date)*:

b. ☐ I am not employed at the present time. I last worked from *(starting month and year)*:
to *(ending month and year)*: . My gross monthly earnings were: \$

6. a. ☐ I am not receiving welfare or AFDC and I do not intend to apply for welfare or AFDC.

b. ☐ I am receiving welfare or AFDC. Monthly amount received: \$

c. ☐ I have applied for welfare or AFDC.

d. ☐ I intend to apply for welfare or AFDC.

(Continued on reverse)

IN THE MATTER OF (NAME): 	CASE NUMBER:
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7. The average of my gross monthly earnings is: Amount
- a. ☐ Salary and wages, including bonuses and overtime \$
- b. ☐ Money received from parents or other adults assisting me \$
 (name and relationship):
- c. ☐ Other (specify source and amount) \$

8. I have the following assets: Value
- a. ☐ Cash \$
- b. ☐ Checking account \$
- c. ☐ Savings account \$
- d. ☐ Stocks, bonds \$
- e. ☐ Vehicle (year, make, model) \$
- f. ☐ Other (specify) \$

9. My monthly expenses are: Amount
- a. ☐ Rent or ☐ Mortgage \$
- b. ☐ Food \$
- c. ☐ Clothing \$
- d. ☐ Phone and utilities \$
- e. ☐ Vehicle
- (1) Loan payments \$
- (2) Maintenance \$

I declare under penalty of perjury that the foregoing is true and correct.

Date:

..... (TYPE OR PRINT NAME)	(SIGNATURE OF PETITIONER)
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ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): _____ ATTORNEY FOR (<i>Name</i>): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	TELEPHONE NO.:	FOR COURT USE ONLY
IN THE MATTER OF (<i>NAME</i>): <div style="text-align: right;">Petitioner, a minor</div>		
<div style="text-align: center;"> NOTICE OF HEARING — EMANCIPATION OF MINOR <input type="checkbox"/> CONSENT AND WAIVER OF NOTICE </div>		
		CASE NUMBER:

1. The minor (*name*): _____ has filed a petition asking the court to declare the minor an **EMANCIPATED MINOR**. If the petition is granted, the minor will be considered to be over the age of majority for purposes set forth in California Family Code section 7050.

2. A HEARING for the court to consider the petition will be held:

on (<i>date</i>):	at (<i>time</i>):	in Dept.:	Room:
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TO PARENTS:

IF THE PETITION IS GRANTED, THE MINOR, THE MINOR'S REPRESENTATIVE, OR THE DISTRICT ATTORNEY MAY LATER PETITION THE COURT TO RESCIND THE DECLARATION OF EMANCIPATION AND YOU MAY BE LIABLE FOR SUPPORT AND MEDICAL COVERAGE FOR THE MINOR.

Date:

.....
 (TYPE OR PRINT NAME) ▶ _____
☐ PETITIONER ☐ CLERK

CONSENT AND WAIVER OF NOTICE

The undersigned give up the right to notice of a hearing on the Petition for Declaration of Emancipation, and consent to a declaration of emancipation without a hearing.

- a. ☐ Mother Signature: _____ Dated:
 Address: _____
 Telephone number: _____
- b. ☐ Father Signature: _____ Dated:
 Address: _____
 Telephone number: _____
- c. ☐ Legal guardian Signature: _____ Dated:
 Address: _____
 Telephone number: _____
- d. ☐ Social worker Signature: _____ Dated:
☐ Probation officer
 Address: _____
 Telephone number: _____
- e. ☐ District attorney Signature: _____ Dated:
 Address: _____
 Telephone number: _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>): ATTORNEY FOR (<i>Name</i>): SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	TELEPHONE NO.:	FOR COURT USE ONLY
IN THE MATTER OF (<i>NAME</i>): <div style="text-align: right;">Petitioner, a minor</div>		
<div style="text-align: center;">DECLARATION OF EMANCIPATION OF MINOR AFTER HEARING</div>		
		CASE NUMBER:

1. This proceeding came on for hearing as follows:
- a. Date: _____ Time: _____ Dept.: ☐ Div.: ☐ Room: ☐
- b. Judge (*name*): _____
- c. Present in court:
- | | |
|---|--|
| <input type="checkbox"/> Petitioner | <input type="checkbox"/> Attorney (<i>name</i>): |
| <input type="checkbox"/> Father | <input type="checkbox"/> Attorney (<i>name</i>): |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Attorney (<i>name</i>): |
| <input type="checkbox"/> Probation officer (<i>name</i>): | |
| <input type="checkbox"/> Social worker (<i>name</i>): | |
| <input type="checkbox"/> County counsel (<i>name</i>): | |
| <input type="checkbox"/> District attorney (<i>name</i>): | |
| <input type="checkbox"/> Other (<i>name and relationship to minor</i>): | |
2. **THE COURT FINDS THAT:**
- a. ☐ Notice was given as prescribed by the court.
- b. ☐ Warning has been given to the petitioner's ☐ mother ☐ father that a court may rescind the declaration of emancipation and the parents may become liable for the minor's support and medical coverage.
- c. The petitioner is a person described by Family Code section 7120.
- d. Emancipation is not contrary to the best interests of the petitioner.
3. **THE PETITION IS GRANTED. THE PETITIONER IS DECLARED TO BE EMANCIPATED FOR THE PURPOSES SET FORTH IN FAMILY CODE SECTION 7050 ET SEQ.**

Date: _____

(JUDGE OF THE SUPERIOR COURT)

[SEAL]

CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: _____ Clerk, by _____, Deputy

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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DECLARATION

(This form must be attached to another form or court paper before it can be filed in court.)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

☐ Attorney for ☐ Plaintiff ☐ Petitioner ☐ Defendant
☐ Respondent ☐ Other (*Specify*):

